

13916 West 72nd Street Shawnee KS 66216

800.519.2790 (TOLL FREE) 913-248-1915 (fax)

Commercial Lease Application

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	COMPANY LEGAL NAME &	k dba if applicable (P	LEASE WRITE BEL	<u>ow)</u>			
SS	BILLING ADDRESS	STREET		CITY & STATE	ZIP CODE	COUNTY	
INE							
APPLICANT BUSINESS INFORMATION	DELIVERY ADDRESS	STREET		CITY & STATE	ZIP CODE	COUNTY	
PLIC INF	TELEPHONE:	FAX:			EMAIL ADDRESS:		
AP	CONTACT:	CELL:			WEBSITE:		
	DATE INCORPORATED:	YEARS IN BUSINESS:			□PROPRIETORSHIP □ PARTNERSHIP □ CORPORATION □LLC		
	NATURE OF BUSINESS:				FEDERAL TAX ID	#	
GUARANTOR INFORMATION	NAME	TITLE		SS#	HOME PHONE % OWNED		
	ADDRESS						
	PREVIOUS ADDRESS (IF LESS THAN TWO YEARS):						
	NAME	TITLE		SS#	HOME PHONE % OWNED		
	IVAIVIE	IIILL		3311	HOME HONE	// OWNED	
	ADDRESS						
	Previous Address (if less than two years):						
NNK	BANK NAME	ACCOUNT #	TELEPHONE	OFFICER	DATE OPENED	□CK □SV □CD □LOANS	
BUSINESS BANK INFORMATION							
SINE							
BG Z							
TRADE REFERENCES	FIRM NAME	TELEPHONE	FAX	OFFICER	CITY & STATE	How Long? High Credit	
TR							
<u>~</u>							
VENDOR EQUIPMENT INFORMATION	VENDOR NAME:						
	Address:	City		& STATE:		ZIP CODE:	
	PHONE	FAX	CONT	ACT	Website		
	EQUIPMENT TO BE LEASED:			Cost (without taxes)			
	NEW USED (IF USED, YEAR MANUFACTURED) LEASE TERMS: MONTHLY PAYMENT: below, the undersigned individual as principal of and/or guarantor for the applicant 1) Authorizes Cedar Ridge Financial, LLC, its designee, assigns or potential						
assigns, to	review his/her personal credi	t profile provided by the r	national credit bure	aus in considering	Authorizes Cedar Ridge Financial, Lithis application. 2) Authorizes all bare or photocopy of this authorization shape.	nk and trade information to be released	
XSignature Print			nt		Date		
Signature	~	111111			Date		
X							
Signature	Signature Print				Date		